

GYMNASTIC LESSONS – FALL

Program meets at the Academy gym. Children will work on individual skill development. Parents should know that all events are taught according to appropriate skill progressions. Children are broken into smaller groups and will rotate through each progression. They are lightly spotted at their own skill level to ensure that they learn their own safe limitations on each event. A summary of skill progressions are listed below to give a better idea of what your child will be working to accomplish:

PRESCHOOL (3&4): Children learn basics of how to tumble, balance on a beam and swing on low bars. Parents may watch.

FANTASTIC 4's (Beginner Class): Drop off class especially for 4's who are beginning to gain independence from their parents.

USAG PRE-LEVEL 1 (BEGINNER): **1:** Everyone enters at Beginner 1 **2:** Forward Roll; Backward Roll **3:** Forward Roll, Backward Roll, Cartwheel, When all of the Beginner 3 moves are done correctly, child advances to Advanced Beginner.

USAG LEVEL 1 (ADVANCED BEGINNER): **1:** Cartwheel, Handstand against the wall **2:** Cartwheel, Handstand, Back-Bend with a light spot. **3:** Handstand, Round-Off, Back-Bend, One Pull Up. When all of the Advanced Beginner 3 moves are done correctly, child advances to Intermediate.

USAG LEVEL 2 (INTERMEDIATE): **1:** One Pull Up. Must also have Back-Bend Kick Over OR Handstand Limber-Stand OR 3 Pull Ups. **2:** Two Pull Ups. Must also have 2 of the following: Back-bend Kick Over/Handstand Limber-Stand/ 3 Pull Ups. **3:** Three Pull Ups. Back-Bend Kick Over, Handstand-Limberstand, Pull-Over.

TUMBLING: Learn the basics up through advanced tumbling skills. (USA Gymnastics progressions will be strictly adhered to and participants will need to meet the requirements before advanced tumbling skills will be taught.)

REMINDERS

Children will be tested on each skill progression during the last one or two classes. Each child receives a certificate indicating the level they have progressed to so that they know which class to register for the next session. Parents are asked to adhere to the following:

- Children should dress in a leotard or t-shirt & shorts
- **PARENTS MAY STAY IN THE GYM TO WATCH THE FIRST AND FINAL CLASSES ONLY!**
- Children are not allowed on equipment without an Instructor present
- Siblings are not allowed on the floor and/or equipment
- Parents with questions, please direct them to Kathy Johnson, Gymnastics Director after class.

IF SCHOOL IS CANCELED OR DISMISSED EARLY DUE TO INCLEMENT WEATHER, GYMNASTICS IS ALSO CANCELED

SESSION RUNS 10-WEEKS AS PER THE FOLLOWING SCHEDULE

LEVEL	DAY	TIME	STARTS	ENDS	CANCELLATIONS
PRESCHOOL:	Monday	3:10-4:10	Sept. 12	Nov. 21	Sept. 5; Oct. 10
	Wednesday	3:10-4:10	Sept. 7	Nov. 9	
	Friday	3:10-4:10	Sept. 9	Nov. 18	Nov. 11
FANTASTIC 4's:	Tuesday	3:30-4:30	Sept. 6	Nov. 15	Nov. 8
	Thursday	3:30-4:30	Sept. 8	Nov. 17	Sept. 29
USAG PRE LEVEL 1 (Beginner):	Tuesday	3:30-4:30	Sept. 6	Nov. 15	Nov. 8
	Thursday	3:30-4:30	Sept. 8	Nov. 17	Sept. 29
	Friday	4:20-5:20	Sept. 9	Nov. 18	Nov. 11
USAG LEVEL 1 (Adv. Beginner):	Tuesday	3:30-4:30	Sept. 6	Nov. 15	Nov. 8
	Tuesday	4:35-5:35	Sept. 6	Nov. 15	Nov. 8
	Thursday	3:30-4:30	Sept. 8	Nov. 17	Sept. 29
	Thursday	4:35-5:35	Sept. 8	Nov. 17	Sept. 29
	Friday	4:20-5:20	Sept. 9	Nov. 18	Nov. 11
USAG LEVEL 2 (Intermediate):	Tuesday	4:35-5:35	Sept. 6	Nov. 15	Nov. 8
	Thursday	4:35-5:35	Sept. 8	Nov. 17	Sept. 29
ALL LEVELS:	Wednesday	4:20-5:20	Sept. 7	Nov. 9	
	Wednesday	5:25-6:25	Sept. 7	Nov. 9	
	Friday	5:25-6:25	Sept. 9	Nov. 18	Nov. 11
TUMBLING (Beginner):	Thursday	5:35-6:50	Sept. 8	Nov. 17	Sept. 29
TUMBLING (Advanced):	Thursday	6:50-8:00	Sept. 8	Nov. 17	Sept. 29

GLASTONBURY PARKS & RECREATION GYMNASTICS PROGRAM
CHILD INFORMATION/EMERGENCY CONSENT FORM

In the event of an emergency, the following information will provide Gymnastics Staff with the information needed to care for your child. For your child's safety and protection, it **MUST** be completed and returned with him/her on their first day of attendance at the program.

CHILD INFORMATION

Child's Name _____ Date of Birth _____ Age _____

Address _____ Home Phone _____

Please check off the session the child is attending: FALL _____ WINTER _____ SPRING _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian(s) and where they may be **REACHED** by phone in case of a problem/emergency.

1) Mother/Guardian _____ Home Phone _____ Cell Phone _____ Work Phone _____

2) Father/Guardian _____ Home Phone _____ Cell Phone _____ Work Phone _____

OTHER CONTACT(S)

I give permission for the following persons to assume temporary care and to provide transportation for my child if we, the Parent/Guardian(s) cannot be notified:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

SPECIAL NEEDS In order to better accommodate your child, please make us aware of any special needs he/she may have. Please see the Gymnastics Director to discuss any concerns you may have. (Note: The Parks & Recreation Department should be notified **IN ADVANCE** if your child will require any special accommodations)

MEDICAL INFORMATION If your child is on medication or requires medication in the event of an emergency (asthma etc.) you must obtain and complete an Authorization For The Administration of Medication form from the Parks and Recreation Office prior to the start of the program.

Known Medical
Conditions/Allergies _____

Medication to be
Administered _____

EMERGENCY INFORMATION

If in the opinion of the Gymnastics Staff, emergency transportation to a hospital is required by an emergency vehicle, I give permission for such transport. If the situation permits, I prefer one of the following hospitals:

If the situation permits, I prefer one of the following physicians:

I authorize any licensed Physician to provide proper treatment, order injections, hospitalize, give anesthesia, or perform surgery for:

Child's Name _____ Age _____ during my absence while my child is under the care of the Glastonbury Parks and Recreation Department Gymnastics program. I understand that this authorization is given prior to any need for medical care, but it is given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of his/her best judgment.

Signature _____
Relationship _____

Date _____